



**Annual 2008 VA/DoD Joint Venture Conference**

# **Elements of a Joint Venture**

---

**Ms. Debra Irwin**

Chief, DoD/VA Resource Sharing  
Air Force Surgeon General's Office

**Ms. Kendra Drew**

Director, VA-DoD Medical Sharing Office  
Veterans Health Administration



# Agenda



- 
- Getting Started
  - Joint Venture Requirements
  - Clinical
  - Facilities
  - Logistics
  - Staffing
  - Business Processes
  - IM/IT
  - Education and Training
  - Research



# Getting Started

- Joint Ventures can be downward directed or upward channeled proposals
- Downward directed efforts can occur for many reasons; examples include...
  - Concurrent construction projects planned
  - Natural disaster destroys/damages one or both facilities
  - BRAC actions
  - Congressional interest
- Upward channeled proposals require
  - Concept of Operations and MOU approved by both VA and DoD chains of command
  - HEC approval
  - Funding as needed to implement



# Joint Venture Requirements



- Mission, Vision, Goals
- Joint Governance Structure
- Joint Committee Structure
- Concept of Operations and MOU
- Written Guidance
  - Policies, Directives, Handbooks, SOPs
- Informal Structures and Communication
- Continuity of Mission and Vision
- Overcome Reluctance and Barriers
- Identify Factors for Success
- Joint Expectations
- Strategic Planning Process
- Leadership Commitment
- “Branding”



# Governance Models



- There are many different models...from fully integrated single facility to multiple facilities with shared services and shared risk
- General Assumptions:
  - In most models, Host site is the lead for all integrated functions at that site
  - Some sites have tenant fill #2 leadership position within the integrated functions; e.g., Integrated ICU at Host site: ICU Director/Chief - Host; ICU Deputy Director/Deputy Chief - Tenant
  - Usually a Joint Executive/Leadership Committee provides oversight and strategic vision to the JV; joint co-chairs and joint membership
  - Subordinate committees relative to joint/integrated functions often organized like Joint Exec Cmte
- Lessons Learned from other JV sites:
  - JVs all addressed need for dedicated JV program managers (both VA and DoD) to work the day-to-day issues; not a dedicated authorization in AF
  - Routine communication necessary at all leadership levels to ensure continued working relationship; can be formal or informal



# Clinical



- 
- Patient Care applied equally regardless of type of beneficiary
  - Number and type of Referrals
  - Clinical Staffing Models
  - On Call Structure
  - Ancillary Support
  - Staffing Qualifications
  - Rotation of medical staff



# Facilities

- 
- Joint or Shared Facilities
  - Access to Military Base
  - Accessibility to Other Facilities
  - Patient Travel Distance
  - Maintenance
  - Security
  - Signage



# Logistics



- 
- Shared or Joint Warehouse
  - Inventory Management
  - Borrowing Supplies or Equipment
  - Joint Contracting



# Staffing

---

- Integrated Staffing Models
- Mutual Support for peaks and valleys and deployments
- Coordinated Staffing Planning
- Hiring Practices
- Joint Job Fairs
- Reciprocal Hiring Practices
- Credentialing Process



# Business Processes



- 
- Referral Management System
  - Billing and Reimbursement
  - Bartering
  - Use of Joint Incentive Fund
  - Marketing
  - Workload Accounting
  - Cost to the Facility vs. Cost to the System
  - National Reimbursement Policies
  - Cost Analyses Differences
  - Dual Beneficiaries



# IM/IT



- 
- Single System...Not Likely
  - Work-Arounds...2 Icons on Work Stations
  - Available Applications (BHIE, LDSI, CHDR)
  - Access to each others systems
  - Inpatient Records
  - Digital Images



# Education and Training



- 
- Graduate Medical Education
  - Other Clinical Professional Training
  - Required Annual Training
  - Orientation
  - Contingency Planning Exercises
  - JCAHO Preparation
  - Access to Web Portals
  - VA Learning University
  - Proficiency Training
  - Rotation of Medical Staff



# Research

---

- Joint Programs, where applicable
- Protocol Approval Process
- Consent Forms
- Institutional Review Boards



---

# Backup Slides



# MOFH Governance



- 
- Single Chief Executive Officer
    - AF is Host facility
    - MOFH has integrated inpatient and ER services
    - VA has network of Community Based Outpatient Clinics where most VA outpatient care is provided
  - Joint Venture Executive Committee
    - Receives reports from key source committees; drives sharing direction/action
    - Executive and Medical Councils alternately chaired by AF and VA
  - Joint Credentialing
  - Joint Medical Staff Bylaws



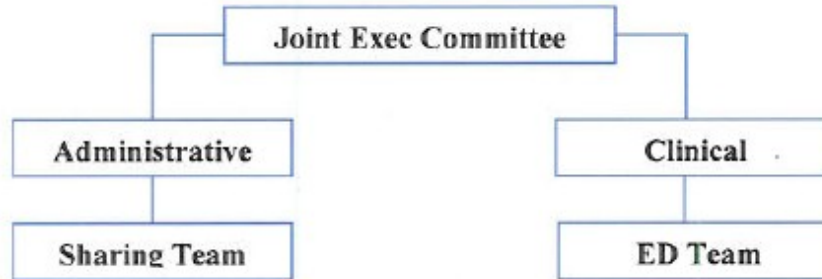
# Elmendorf/Alaska VA Governance



- 3MDG--an integrated DOD/VA, jointly staffed hospital
- AF manages the hospital
- 3 MDG Executive Committee oversees JV issues
  - VA executive staff are members of the 3MDG Executive Committee and 3MDG leadership is invited to attend the VA Director's Staff meeting
  - Both meet monthly
- JV Business Operations Committee works day-to-day issues
  - Meets monthly, alternating sites
  - Discuss current issues/concerns/initiatives
  - Refers to 3 MDG Executive Committee
  - Includes both AF and VA representatives
- Each agency's Joint Venture Coordinator works with the other to keep all sharing activity organized.
- VA has representatives on many of the 3MDG committees/functions and play a large part in the daily operations of the hospital.



# Kirtland/Albuquerque e Governance



Joint Venture is formed by two co-located autonomous facilities; no integration is present at this site

The Joint Executive Committee is the executive governing body of the JV

Members include the Director and Commander, Assoc Director and Dep Commander, Chief of Staff and Med Ops Squadron Cmdr, CFOs, Information Systems Mgrs, and JV Directors

Serves as strategic planning function for the JV

Subordinate committees work the planning and execution of day-to-day activities



# DGMC/NCVAHCS Governance



- This Joint Venture is comprised both distributed and collocated services
  - N. California VA Health Care System acquired Mather/McClellan facilities when BRAC'd
  - Also have collocated services at DGMC
  - AF has outpatient services in VA space at McClellan
- VA and USAF both serve as hosts of their respective sites at Travis AFB and at McClellan/Mather.
  - Governance resides with the host service
- Executive Management Team provides a bridge at the executive level for working JV issues
- The Joint Initiatives Work Group serves middle management; works day-to-day issues



# Keesler/Biloxi Model



- Keesler/Biloxi Model
  - CoE structure is different than other existing JVs
  - DGM/NCVAHCS most similar with both integrated services and distributed buildings (not colocated)
  - Governance structure must tie in all elements of the JV; usually done with joint committees
  - Governance model should be included in the Operations Plan
  - Need to ensure selected governance model complies with laws governing personnel management; work closely with Unions